

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)

SERIAL NO.
10288806
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER BY AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	16		16		20	
TOTAL OFF.	21		21		20	
TOTAL	27		27		20	

	NO.		OFF.		NO.		OFF.	
	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
61								
62								
63								
64								
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93								
94								
95								
96								
97								
98								
99								
100								
TOTAL NO.								
TOTAL OFF.								
TOTAL								

CDK 1

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)

SERIAL NO.
10728826
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						
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42						
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45						
46						
47						
48						
49						
50						
TOTAL NO.						
TOTAL OFF.						
TOTAL						

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						